



GPRA+ FY03 Clinical Indicator Reporting System (v. 2.0)

What Is It?

The GPRA+ Clinical Indicator Reporting System (GPRA+) is an RPMS application designed for local and Area monitoring of clinical performance indicators on a quarterly basis and to produce annual required performance reports. GPRA+ is intended to eliminate the need for manual chart audits for evaluating and reporting clinical indicators to meet the annual reporting requirements for the Government Performance and Results Act (GPRA). GPRA+ produces reports on demand for 34 clinical performance measures (17 GPRA and 17 developmental) from local Resource and Patient Management System (RPMS) databases.

Each indicator has one or more denominators and numerators defined. The denominator is the total population being reviewed; the numerator is the number of patients from the denominator who meet the logic criteria. Reports display the total numbers in both the denominator and the numerator and the percentage of patients in the numerator. Reports also compare the site's performance numbers in the current report year (user defined) to the previous year period and to a baseline period (predefined as FY 2000). Users can also request patient lists for each of the measures, displaying patients who do and do not meet the indicator criteria.

Local facilities can run reports for individual or all indicators as often as they want to and can also use GPRA+ to transmit data to their Area for quarterly reporting. The Area Office can use GPRA+ to produce an aggregated Area report.

Who Should Use GPRA+ and Why?

Area and site Quality Improvement staff, Compliance Officers, GPRA Coordinators, clinical staff such as physicians, nurses, nurse practitioners, and other providers, Area Directors, as well as any staff involved with clinical quality improvement initiatives.

- Identify potential data issues in their RPMS (i.e., missing or incorrect data)
- Identify specific areas where the site is not meeting or is exceeding the indicator to initiate business process or other changes or provide lessons learned
- Quickly measure impact of process changes on indicators

Indicators Reported for FY2003

GPRA Indicators

- 1: Diabetes Prevalence
- 2: Diabetes: Glycemic Control
- 3: Diabetes: Blood Pressure Control
- 4: Diabetes: Dyslipidemia Assessment (Lipids)
- 5: Diabetes: Nephropathy Assessment
- 7: Women's Health: Pap Smear Rates
- 8: Women's Health: Mammogram Rates
- 13: Oral Health: Access to Dental Service
- 14: Oral Health: Dental Sealants
- 15: Oral Health: Diabetic Access to Dental Service
- 23: Public Health Nursing: Visits
- 25: Adult Immunizations: Influenza
- 26: Adult Immunizations: Pneumococcal
- 30-1: CVD Prevention: Lipids Assessment
- 30-1: CVD Prevention: Blood Pressure Assessment
- 31: Obesity Rates

Developmental Indicators

- A: Diabetes and Mental Health
- B: Colorectal Cancer Screening
- C-1: Patient Education: Diet and Exercise
- C-2: Patient Education: Medications
- D: Cholesterol Screening
- E-1: HIV Quality of Care
- E-2: Prenatal HIV Testing and Education
- F: Domestic Violence Screening
- G: Alcohol Screening (FAS Prevention)
- H: Tobacco Use and ETS Screening and Education
- I: Asthma
- J-1: Cardiovascular Disease (CVD): Lipids Assessment
- J-2: CVD: Blood Pressure Assessment
- J-3: CVD: Tobacco Use
- J-4: CVD: Obesity
- J-5: CVD: Exercise Education
- J-6: CVD and Mental Health

How Does It Work?

To produce reports with comparable data across every facility, the indicator definition is "translated" into programming code with the assistance of clinical subject matter experts. This means that an English text expression was defined specifically in terms of what RPMS fields to look at and what values to look for to fit the definition. To ensure comparable data within the agency as well as to external organizations, as much indicator logic as possible is based on standard national codes. These codes include ICD-9, CPT, LOINC and national IHS standard codesets (e.g., Health Factors, patient education codes, etc.). For terminology that is not standardized across each facility, such as lab tests or medications, GPRA+ uses taxonomies (classifications) that can be populated by each individual facility with its own codes.

Updated versions of GPRA+ software are released annually to reflect changes in the logic descriptions and to add new indicators. Additional detail about producing reports, setting up taxonomies used, and detailed logic definitions for the denominators and numerators for each indicator are found in the *GPRA+ User Manual* and on the GPRA+ web site.

**For further information, <http://www.ihs.gov/CIO/gpraplus>
or contact Theresa Cullen; theresa.cullen@mail.ihs.gov; 520-670-4803**



Features and Key Changes for FY03

- For FY03, GPRA+ will be the national reporting tool for the Area Annual Performance report.
- Three types of reports are included in GPRA+ FY03, rather than just one report for FY02. Report types are: Local, GPRA and Area Annual Performance.
- Users can run Local reports for all or selected indicators or for only one individual indicator. Indicators for GPRA and Area Annual Performance reports are predefined.
- Performance for three time periods is displayed for each indicator: Current Year (user identified), Previous Year, and Baseline (user identified for Local reports; predefined as FY2000 for GPRA and Area Annual Performance reports))
- Users can choose to run a patient list for any indicator that displays patients who meet the numerator(s), denominator(s) or both, depending on the indicator.
- Areas can aggregate exported GPRA or Area Annual Performance data files from individual sites into Area-wide reports.
- Uses taxonomies to identify facility specific terminology so that indicators can be compared across all facilities.
- Includes a data file export option to enable specified facility and Area users to view graphs of comparisons of facility data within their Areas through the Executive Information Support System (EISS) on the IHS intranet.
- Patient list options have been expanded from displaying all patients only to include 1) lists by primary care provider, and 2) random patient lists (every 10th patient)
- An option has been added for FY03 to “print” the local report to a delimited format that can be easily imported into Excel or Word, for those sites that want to rearrange and manipulate raw report data.

What Is Clinical Performance Assessment?

Performance assessment measures what an organization does and how well it does it. For a healthcare organization, such as the Indian Health Service, this means measuring how well we deliver healthcare services to our population, measured by documentable improvement in various standard health indicators. Standardized clinical performance measures provide a systematic approach to health improvement for our organization. Results from performance assessment are used internally within the IHS, at national and local levels, to support and guide performance improvement in those clinical areas that need it. Performance results are also needed externally to demonstrate accountability to an organization's stakeholders; for IHS, this primarily means annual Government Performance and Results Act (GPRA) performance reports to Congress.

System Requirements

- Kernel 8.0 or higher
- FileMan 21 or higher
- IHS Patient Dictionaries (AUPN) Version 99.1 through patch 7
- PCC Management Reports Version 3.0 through patch 11
- Taxonomy System Version 5.1
- XB/ZIB Utilities Version 3.0 through patch 8